

Under the provisions of Section 413.031 of the Texas Workers' Compensation Act, Title 5, Subtitle A of the Texas Labor Code, effective June 17, 2001 and Commission Rule 133.305 titled Medical Dispute Resolution- General and 133.308 titled Medical Dispute Resolution by Independent Review Organizations, the Medical Review Division assigned an IRO to conduct a review of the disputed medical necessity issues between the requestor and the respondent. This dispute was received on September 5, 2003. In accordance with Rule 133.308 (e)(1) a dispute is considered timely if it is filled with the division no later then one year from date of service in dispute. Therefore dates of service from 08-12-02 through 09-04-02 are considered untimely.

The IRO reviewed office visits from 05-14-03 through 07-14-03 that were denied based upon “V”.

The Medical Review Division has reviewed the IRO decision and determined that **the requestor did not prevail** on the issues of medical necessity. Consequently, the requestor is not owed a refund of the paid IRO fee.

Based on review of the disputed issues within the request, the Medical Review Division has determined that **medical necessity was not the only issue** to be resolved.

This dispute also contained services that were not addressed by the IRO and will be reviewed by the Medical Review Division.

On November 24, 2003 the Medical Review Division submitted a Notice to requestor to submit additional documentation necessary to support the charges and to challenge the reasons the respondent had denied reimbursement within 14 days of the requestor’s receipt of the Notice.

The requestor submitted a Benefit Dispute Agreement dated 07-17-03 stating that parties have agreed the claimant did sustain a compensable injury. On this basis the CPT codes listed in the following table denied with “R” and “E” will be review in accordance with the 1996 Medical Fee Guidelines.

Review of the requestor and respondents documentation revealed that neither party submitted copies of the original EOB’s. Therefore, the reconsideration eobs denied with “D” will be utilized in the review and if applicable, will be paid in accordance with the 1996 Medical Fee Guidelines. CPT codes listed in the following table denied with “D”.

The following table identifies the disputed services and Medical Review Division's rationale:

DOS	CPT CODE	Billed	Paid	EOB Denial Code	MAR\$ (Maximum Allowable Reimbursement)	Reference	Rationale
09/20/02	97750PP	\$225.00	\$0.00	R	\$43 (5 units) \$215.00	MFG, MGR (I)(E)(2)	SOAP notes support services as billed. Reimbursement recommended in the amount of \$215.00
09/27/02	95904	\$128.00	\$0.00	R	\$64 (2 units) 128.00	MFG, MGR CPT descriptor	SOAP notes support services were rendered as billed. Reimbursement recommended \$128.00
09/27/02	99242	\$90.00	\$0.00	F	\$90.00	MFG, E/M, MGR (IX)(D)(1)	SOAP notes support services were rendered as billed. Reimbursement recommended in the amount of \$90.00
09/27/02	99090	\$108.00	\$0.00	F	\$108.00	MFG, MGR CPT descriptor	SOAP notes support services were rendered as billed. Reimbursement recommended in the amount of \$108.00
09/27/02	A4556	\$80.00	\$0.00	F	\$80.00	MFG GI (III) (A)(1)	Soap notes support billing of electrodes denied D on EOB reimbursement recommended in the amount of \$80.00
09/27/02	95900	\$28.00	\$0.00	F	\$64.00 (2 units) \$128.00	MFG, MGR (IV) (D)	SOAP notes support nerve conduction was rendered as billed. Reimbursement recommended in the amount of \$128.00
10/02/02	99213	\$48.00	\$0.00	D	\$48.00	MFG, E/M MGR (VI)(B.)	SOAP notes support office visit was rendered as billed. Reimbursement recommended in the amount of \$48.00
	97110	\$120.00	\$0.00	D	\$35.00 (3 units) \$105.00	MFG, MGR (I)(10)(a)	See rational below
	97530	\$40.00	\$0.00	D	\$35.00	MFG, MRG (I) (11) (b)	SOAP notes support therapeutic activities were rendered as billed recommended reimbursement in the amount of \$35.00
10/04/02	97530	\$40.00	\$0.00	D	\$35.00	MFG, MRG (I) (11) (b)	SOAP notes support therapeutic activities were rendered as billed recommended reimbursement in the amount of \$35.00
	97110	\$120.00	\$0.00	D	\$35 (3 units) \$105.00	MFG, MGR (I)(10)(a)	See rational below

DOS	CPT CODE	Billed	Paid	EOB Denial Code	MAR\$ (Maximum Allowable Reimbursement)	Reference	Rationale
10/07/02	97250	\$43.00	\$0.00	D	\$43.00	MFG, MGR (I)(11)(C)(3)	SOAP notes support myofascial release was performed as billed. Reimbursement recommended in the amount of \$43.00
	97110	\$120.00	\$0.00	D	\$35 (3 units) \$105.00	MFG, MGR (I)(10)(a)	See rational below
	99213	\$48.00	\$0.00	D	\$48.00	MFG, E/M MGR (VI)(B.)	SOAP notes support office visit was rendered as billed. Reimbursement recommended in the amount of \$48.00
	97530	\$40.00	\$0.00	D	\$35.00	MFG, MRG (I) (11) (b)	SOAP notes support therapeutic activities were rendered as billed recommended reimbursement in the amount of \$35.00
10/09/02	97250	\$43.00	\$0.00	D	\$43.00	MFG, MGR (I)(11)(C)(3)	Soap notes do not support services rendered as billed. Therefore no reimbursement recommended.
	97110	\$160.00	\$0.00	D	\$35. (4 units) \$140.00	MFG, MGR (I)(10)(a)	See rational below
	97530	\$40.00	\$0.00	D	\$35.00	MFG, MRG (I) (11) (b)	SOAP notes support therapeutic activities were rendered as billed recommended reimbursement in the amount of \$35.00
	99213	\$48.00	\$0.00	D	\$48.00	MFG, E/M MGR (VI)(B.)	SOAP notes support office visit was rendered as billed. Reimbursement recommended in the amount of \$48.00
10/11/02	99213	\$48.00	\$0.00	D	\$48.00	MFG, E/M MGR (VI)(B.)	SOAP notes support office visit was rendered as billed. Reimbursement recommended in the amount of \$48.00
10/11/02	97250	\$43.00	\$0.00	D	\$43.00	MFG, MGR (I)(11)(C)(3)	SOAP notes support myofascial release was performed as billed. Reimbursement recommended in the amount of \$43.00
	97110	\$160.00	\$0.00	D	\$35.00 (4 units) \$140.00	MFG, MGR (I)(10)(a)	See rational below
	97530	\$43.00	\$0.00	D	\$35.00	MFG, MRG (I) (11) (b)	SOAP notes support therapeutic activities were rendered as billed recommended reimbursement in the amount of \$35.00
10/15/02	97250	\$43.00	\$0.00	D	\$43.00	MFG, MGR (I)(11)(C)(3)	SOAP notes support myofascial release was performed as billed. Reimbursement recommended in the amount of \$43.00
	97110	\$120.00	\$0.00	D	\$35 (3 units) \$105.00	MFG, MGR (I)(10)(a)	See rational below

DOS	CPT CODE	Billed	Paid	EOB Denial Code	MAR\$ (Maximum Allowable Reimbursement)	Reference	Rationale
	97530	\$40.00	\$0.00	D	\$35.00	MFG, MRG (I) (11) (b)	SOAP notes support therapeutic activities were rendered as billed recommended reimbursement in the amount of \$35.00
	99213	\$48.00	\$0.00	D	\$48.00	MFG, E/M MGR (VI)(B.)	SOAP notes support office visit was rendered as billed. Reimbursement recommended in the amount of \$48.00
10/16/02	99213	\$48.00	\$0.00	D	\$48.00	MFG, E/M MGR (VI)(B.)	SOAP notes support office visit was rendered as billed. Reimbursement recommended in the amount of \$48.00
	97250	\$43.00	\$0.00	D	\$43.00	MFG, MGR (I)(11)(C)(3)	SOAP notes support myofascial release was performed as billed. Reimbursement recommended in the amount of \$43.00
	97110	\$160.00	\$0.00	D	\$35.00 (4 units) \$140.00	MFG, MGR (I)(10)(a)	See rational below
	97530	\$40.00	\$0.00	D	\$35.00	MFG, MRG (I) (11) (b)	SOAP notes support therapeutic activities were rendered as billed. Recommended reimbursement in the amount of \$35.00
10/18/02	99213	\$48.00	\$0.00	D	\$48.00	MFG, E/M MGR (VI)(B.)	SOAP notes support office visit was rendered as billed. Reimbursement recommended in the amount of \$48.00
	97250	\$43.00	\$0.00	D	\$43.00	MFG, MGR (I)(11)(C)(3)	SOAP notes support myofascial release was performed as billed. Reimbursement recommended in the amount of \$43.00
10/23/02	97110	\$120.00	\$0.00	D	\$35. (3 units) \$105.00	MFG, MGR (I)(10)(a)	See rational below
	97116	\$40.00	\$0.00	D	\$35.00	MFG, MGR (I)(10)(A)	Soap notes do not support services rendered as billed. Therefore no reimbursement recommended.
10/23/02	99213	\$48.00	\$0.00	D	\$48.00	MFG, E/M MGR (VI)(B.)	SOAP notes support office visit was rendered as billed. Reimbursement recommended in the amount of \$48.00
10/25/02	97250	\$43.00	\$0.00	D	\$43.00	MFG, MGR (I)(11)(C)(3)	SOAP notes support myofascial release was performed as billed. Reimbursement recommended in the amount of \$43.00
	97110	\$160.00	\$0.00	R	\$35. (4 units) \$140.00	MFG, MGR (I)(10)(a)	See rational below

DOS	CPT CODE	Billed	Paid	EOB Denial Code	MAR\$ (Maximum Allowable Reimbursement)	Reference	Rationale
	99213	\$48.00	\$0.00	R	\$48.00	MFG, E/M MGR (VI)(B.)	SOAP notes support office visit as rendered as billed. Reimbursement recommended in the amount of \$48.00
	97530	\$40.00	\$0.00	R	\$35.00	MFG, MRG (I) (11) (b)	SOAP notes support therapeutic activities were rendered as billed recommended reimbursement in the amount of \$35.00
10/28/02	97750-WP	\$225.00	\$0.00	R	\$43.00 (5 units) \$215.00	MFG, MGR (I)(11)(E)(2)	SOAP notes supports services as billed for function capacity evaluation; GR states FCE should be billed 97750-FC. TWCC and Importance of proper coding states accurate coding of service rendered is essential for proper reimbursement. Therefore no reimbursement recommended.
10/30/02	97250	\$43.00	\$0.00	R	\$43.00	MFG, MGR (I)(11)(C)(3)	SOAP notes support myofasical release was performed as billed. Reimbursement recommended in the amount of \$43.00
	97110	\$120.00	\$0.00	R	\$35. (3 units) \$105	MFG, MGR (I)(10)(a)	See rational below
	97530	\$40.00	\$0.00	R	\$35.00	MFG, MRG (I) (11) (b)	SOAP notes support therapeutic activities were rendered as billed recommended reimbursement in the amount of \$35.00
	99213	\$48.00	\$0.00	R	\$48.00	MFG, E/M MGR (VI)(B.)	SOAP notes support office visit was rendered as billed. Reimbursement recommended in the amount of \$48.00
11/01/02	99213	\$48.00	\$0.00	R	\$48.00	MFG, E/M MGR (VI)(B.)	SOAP notes support office visit was rendered as billed. Reimbursement recommended in the amount of \$48.00
	97250	\$43.00	\$0.00	R	\$43.00	MFG, MGR (I)(11)(C)(3)	SOAP notes support myofasical release was performed as billed. Reimbursement recommended in the amount of \$43.00
	97110	\$160.00	\$0.00	R	\$35 (4 units) \$140.00	MFG, MGR (I)(10)(a)	See rational below
11/01/02	97530	\$40.00	\$0.00	R	\$35.00	MFG, MRG (I) (11) (b)	SOAP notes support therapeutic activities were rendered as billed recommended reimbursement in the amount of \$35.00

DOS	CPT CODE	Billed	Paid	EOB Denial Code	MAR\$ (Maximum Allowable Reimbursement)	Reference	Rationale
11/4/02	97250	\$43.00	\$0.00	R	\$43.00	MFG, MGR (I)(11)(C)(3)	SOAP notes support myofascial release was performed as billed. Reimbursement recommended in the amount of \$43.00
	97110	\$160.00	\$0.00	R	\$35.00 (4 units) \$140.00	MFG, MGR (I)(10)(a)	See rational below
	97530	\$40.00	\$0.00	R	\$35.00	MFG, MRG (I) (11) (b)	SOAP notes support therapeutic activities were rendered as billed recommended reimbursement in the amount of \$35.00
	99213	\$48.00	\$0.00	R	\$48.00	MFG, E/M MGR (VI)(B.)	SOAP notes support office visit was rendered as billed. Reimbursement recommended in the amount of \$48.00
11/06/02	99213	\$48.00	\$0.00	R	\$48.00	MFG, E/M MGR (VI)(B.)	SOAP notes support office visit was rendered as billed. Reimbursement recommended in the amount of \$48.00
	97250	\$43.00	\$0.00	R	\$43.00	MFG, MGR (I)(11)(C)(3)	SOAP notes support myofascial release was performed as billed. Reimbursement recommended in the amount of \$43.00
	97110	\$160.00	\$0.00	R	\$35 (4 units) \$140.00	MFG, MGR (I)(10)(a)	See rational below
	97530	\$40.00	\$0.00	R	\$35.00	MFG, MRG (I) (11) (b)	SOAP notes support therapeutic activities were rendered as billed recommended reimbursement in the amount of \$35.00
11/08/02	99213	\$48.00	\$0.00	R	\$48.00	MFG, E/M MGR (VI)(B.)	SOAP notes support office visit was rendered as billed. Reimbursement recommended in the amount of \$48.00
	97110	\$120.00	\$0.00	R	\$35.00 (3 units) \$105.00	MFG, MGR (I)(10)(a)	See rational below
	97530	\$40.00	\$0.00	R	\$35.00	MFG, MRG (I) (11) (b)	SOAP notes support therapeutic activities were rendered as billed recommended reimbursement in the amount of \$35.00
11/11/02	97250	\$43.00	\$0.00	R	\$43.00	MFG, MGR (I)(11)(C)(3)	SOAP notes support myofascial release was performed as billed. Reimbursement recommended in the amount of \$43.00
	97110	\$120.00	\$0.00	R	\$35.00 (3 units) \$105.00	MFG, MGR (I)(10)(a)	See rational below
	97530	\$40.00	\$0.00	R	\$35.00	MFG, MRG (I) (11) (b)	SOAP notes support therapeutic activities were rendered as billed recommended reimbursement in the amount of \$35.00

DOS	CPT CODE	Billed	Paid	EOB Denial Code	MAR\$ (Maximum Allowable Reimbursement)	Reference	Rationale
	99213	\$48.00	\$0.00	R	\$48.00	MFG, E/M MGR (VI)(B.)	SOAP notes support office visit was rendered as billed. Reimbursement recommended in the amount of \$48.00
11/13/02	97250	\$43.00	\$0.00	R	\$43.00	MFG, MGR (I)(11)(C)(3)	SOAP notes support myofascial release was performed as billed. Reimbursement recommended in the amount of \$43.00
	99213	\$48.00	\$0.00	R	\$48.00	MFG, E/M MGR (VI)(B.)	SOAP notes support office visit was rendered as billed. Reimbursement recommended in the amount of \$48.00
	97110	\$120.00	\$0.00	R	\$35. (3 units) \$105.00	MFG, MGR (I)(10)(a)	See rational below
	97530	\$40.00	\$0.00	R	\$35.00	MFG, MGR (I) (11) (b)	SOAP notes support therapeutic activities were rendered as billed recommended reimbursement in the amount of \$35.00
11/15/02	97110	\$120.00	\$0.00	R	\$35. (3 units) \$105.00	MFG, MGR (I)(10)(a)	See rational below
	97530	\$40.00	\$0.00	R	\$35.00	MFG, MGR (I) (11) (b)	SOAP notes support therapeutic activities were rendered as billed recommended reimbursement in the amount of \$35.00
	99213	\$48.00	\$0.00	R	\$48.00	MFG, E/M MGR (VI)(B.)	SOAP notes support office visit was rendered as billed. Reimbursement recommended in the amount of \$48.00
11/18/02	97750-WP	\$180.00	\$0.00	F	\$43. (4 units) \$172.00	MFG, MGR (I)(11)(E)(2)	SOAP notes supports services as billed for function capacity evaluation; GR states FCE should be billed 97750-FC. TWCC and Importance of proper coding states accurate coding of service rendered is essential for proper reimbursement. Therefore no reimbursement recommended.
11/19/02	99070-WP	\$80.00	\$0.00	D	\$80.00		Soap notes do not support services rendered as billed. Therefore no reimbursement recommended.
	95860-WP	\$113.00	\$0.00	D	\$113.00		Soap notes do not support services rendered as billed. Therefore no reimbursement recommended.
11/20/02	97250	\$43.00	\$0.00	D	\$43.00	MFG, MGR (I)(11)(C)(3)	SOAP notes support myofascial release was performed as billed. Reimbursement recommended in the amount of \$43.00
	97110	\$160.00	\$0.00	D	\$35.00 (4 units) 140.00	MFG, MGR (I)(10)(a)	See rational below

DOS	CPT CODE	Billed	Paid	EOB Denial Code	MAR\$ (Maximum Allowable Reimbursement)	Reference	Rationale
	97530	\$160.00	\$0.00	D	\$35.00 (4 units) \$140.00	MFG, MRG (I) (11) (b)	SOAP notes support therapeutic activities were rendered as billed recommended reimbursement in the amount of \$35.00
11/20/02	99213	\$48.00	\$0.00	D	\$48.00	MFG, E/M MGR (VI)(B.)	SOAP notes support office visit was rendered as billed. Reimbursement recommended in the amount of \$48.00
11/22/02	99213	\$48.00	\$0.00	F	\$48.00	MFG, E/M MGR (VI)(B.)	SOAP notes support office visit was rendered as billed. Reimbursement recommended in the amount of \$48.00
	97110	\$160.00	\$0.00	D	\$35.00 (4 units) \$140.00	MFG, MGR (I)(10)(a)	See rational below
	97530	\$120.00	\$0.00	D	\$35.00 (3 units) \$105.00	MFG, MRG (I) (11) (b)	SOAP notes support therapeutic activities were rendered as billed recommended reimbursement in the amount of \$35.00
11/25/02	97250	\$43.00	\$0.00	R	\$43.00	MFG, MGR (I)(11)(C)(3)	Soap notes do not support services rendered as billed. Therefore no reimbursement recommended.
	97110	\$120.00	\$0.00	R	\$35.00 (3 units) \$105.00	MFG, MGR (I)(10)(a)	See rational below
	99213	\$48.00	\$0.00	R	\$48.00	MFG, E/M MGR (VI)(B.)	SOAP notes support office visit was rendered as billed. Reimbursement recommended in the amount of \$48.00
	97530	\$40.00	\$0.00	R	\$35.00	MFG, MRG (I) (11) (b)	SOAP notes support therapeutic activities were rendered as billed recommended reimbursement in the amount of \$35.00
11/27/02	97250	\$43.00	\$0.00	R	\$43.00	MFG, MGR (I)(11)(C)(3)	SOAP notes support myofascial release was performed as billed. Reimbursement recommended in the amount of \$43.00
	97110	\$120.00	\$0.00	R	\$35.00 (3 units) \$105.00	MFG, MGR (I)(10)(a)	See rational below
	97530	\$40.00	\$0.00	R	\$35.00	MFG, MRG (I) (11) (b)	SOAP notes support therapeutic activities were rendered as billed recommended reimbursement in the amount of \$35.00
	99213	\$48.00	\$0.00	R	\$48.00	MFG, E/M MGR (VI)(B.)	SOAP notes support office visit was rendered as billed. Reimbursement recommended in the amount of \$48.00
12/02/02	97110	\$160.00	\$0.00	R	\$35.00 (4 units) \$140.00	MFG, MGR (I)(10)(a)	See rational below

DOS	CPT CODE	Billed	Paid	EOB Denial Code	MAR\$ (Maximum Allowable Reimbursement)	Reference	Rationale
	99213	\$48.00	\$0.00	R	48.00	MFG, E/M MGR (VI)(B.)	SOAP notes support office visit as rendered as billed. Reimbursement recommended in the amount of \$48.00
	97530	\$40.00	\$0.00	R	\$35.00	MFG, MRG (I) (11) (b)	SOAP notes support therapeutic activities were rendered as billed recommended reimbursement in the amount of \$35.00
12/04/02	97250	\$43.00	\$0.00	R	\$43.00	MFG, MGR (I)(11)(C)(3)	SOAP notes support myofascial release was performed as billed. Reimbursement recommended in the amount of \$43.00
	97110	\$120.00	\$0.00	R	35.00 (3 units) \$105.00	MFG, MGR (I)(10)(a)	See rational below
	97530	\$40.00	\$0.00	R	\$35.00	MFG, MRG (I) (11) (b)	SOAP notes support therapeutic activities were rendered as billed recommended reimbursement in the amount of \$35.00
	99213	\$48.00	\$0.00	R	\$48.00	MFG, E/M MGR (VI)(B.)	SOAP notes support office visit was rendered as billed. Reimbursement recommended in the amount of \$48.00
12/05/02	99213	\$48.00	\$0.00	R	\$48.00	MFG, E/M MGR (VI)(B.)	SOAP notes support office visit was rendered as billed. Reimbursement recommended in the amount of \$48.00
	97250	\$43.00	\$0.00	R	\$43.00	MFG, MGR (I)(11)(C)(3)	Soap notes do not support services rendered as billed. Therefore no reimbursement recommended.
	97110	\$120.00	\$0.00	R	\$35.00 (3 units) \$105.00	MFG, MGR (I)(10)(a)	See rational below
	97530	\$40.00	\$0.00	R	\$35.00	MFG, MRG (I) (11) (b)	SOAP notes support therapeutic activities were rendered as billed recommended reimbursement in the amount of \$35.00
12/06/02	97750-WP	\$225.00	\$0.00	R	\$43.00 (5 units) \$215.00	MFG, MGR (I)(11)(E)(2)	SOAP notes supports services as billed for function capacity evaluation; GR states FCE should be billed 97750-FC. TWCC and Importance of proper coding states accurate coding of service rendered is essential for proper reimbursement. Therefore no reimbursement recommended.
12/10/02	97110	\$160.00	\$0.00	R	\$35.0 (4 units) \$140.00	MFG, MGR (I)(10)(a)	See rational below

DOS	CPT CODE	Billed	Paid	EOB Denial Code	MAR\$ (Maximum Allowable Reimbursement)	Reference	Rationale
	97530	\$40.00	\$0.00	R	\$35.00	MFG, MRG (I) (11) (b)	SOAP notes support therapeutic activities were rendered as billed recommended reimbursement in the amount of \$35.00
	99213	\$48.00	\$0.00	R	\$48.00	MFG, E/M MGR (VI)(B.)	SOAP notes support office visit was rendered as billed. Reimbursement recommended in the amount of \$48.00
12/13/02	99213	\$48.00	\$0.00	R	\$48.00	MFG, E/M MGR (VI)(B.)	SOAP notes support office visit was rendered as billed. Reimbursement recommended in the amount of \$48.00
	97250	\$43.00	\$0.00	R	\$43.00	MFG, MGR (I)(11)(C)(3)	SOAP notes support myofascial release was performed as billed. Reimbursement recommended in the amount of \$43.00
	97110	\$120.00	\$0.00	R	\$35.00 (3 units) \$105.00	MFG, MGR (I)(10)(a)	See rational below
	97530	\$40.00	\$0.00	R	\$35.00	MFG, MRG (I) (11) (b)	SOAP notes support therapeutic activities were rendered as billed recommended reimbursement in the amount of \$35.00
12/17/02	97250	43.00	\$0.00	R	\$43.00	MFG, MGR (I)(11)(C)(3)	SOAP notes support myofascial release was performed as billed. Reimbursement recommended in the amount of \$43.00
	99213	48.00	\$0.00	R	\$48.00	MFG, E/M MGR (VI)(B.)	SOAP notes support office visit was rendered as billed. Reimbursement recommended in the amount of \$48.00
	97110	\$120.00	\$0.00	R	\$105.00	MFG, MGR (I)(10)(a)	See rational below
	97530	\$40.00	\$0.00	R	\$35.00	MFG, MRG (I) (11) (b)	SOAP notes support therapeutic activities were rendered as billed recommended reimbursement in the amount of \$35.00
12/20/02	97110	\$160.00	\$0.00	F	\$35.00 (4 units) \$140.00	MFG, MGR (I)(10)(a)	See rational below
	97530	\$80.00	\$0.00	F	\$70.00	MFG, MRG (I) (11) (b)	SOAP notes support therapeutic activities were rendered as billed recommended reimbursement in the amount of \$35.00
	99213	\$48.00	\$0.00	F	\$48.00	MFG, E/M MGR (VI)(B.)	SOAP notes support office visit was rendered as billed. Reimbursement recommended in the amount of \$48.00

DOS	CPT CODE	Billed	Paid	EOB Denial Code	MAR\$ (Maximum Allowable Reimbursement)	Reference	Rationale
12/23/02	97014	\$30.00	\$0.00	F	\$15.00	MFG, MGR (I)(10)(a)	Soap notes confirm unattended electric stimulation rendered as billed. Recommended reimbursement \$15.00
	97035	\$30.00	\$0.00	F	\$22.00	MFG, MGR (I)(a)(iii)	Soap notes confirm ultrasound stimulation rendered as billed. Recommended reimbursement \$22
	97110	\$120.00	\$0.00	F	\$35.00 (3 units) \$105.00	MFG, MGR (I)(10)(a)	See rational below
12/27/02	99213	\$48.00	\$0.00	F	\$48.00	MFG, E/M MGR (VI)(B.)	SOAP notes support office visit was rendered as billed. Reimbursement recommended in the amount of \$48.00
	97110	\$80.00	\$0.00	F	\$70.00	MFG, MGR (I)(10)(a)	See rational below
	97530	40.00	\$0.00	F	\$35.00	MFG, MRG (I) (11) (b)	SOAP notes support therapeutic activities were rendered as billed recommended reimbursement in the amount of \$35.00
12/30/02	97110	120.00	\$0.00	F	\$35.00 (3 units) \$105.00	MFG, MGR (I)(10)(a)	See rational below
	97530	40.00	\$0.00	F	\$35.00	MFG, MRG (I) (11) (b)	SOAP notes support therapeutic activities were rendered as billed recommended reimbursement in the amount of \$35.00
	99213	48.00	\$0.00	F	\$48.00	MFG, E/M MGR (VI)(B.)	SOAP notes support office visit was rendered as billed. Reimbursement recommended in the amount of \$48.00
01/03/03	99213	\$48.00	\$0.00	F	\$48.00	MFG, E/M MGR (VI)(B.)	SOAP notes support office visit was rendered as billed. Reimbursement recommended in the amount of \$48.00
	97110	\$80.00	\$0.00	F	\$70.00	MFG, MGR (I)(10)(a)	See rational below
	97530	\$40.00	\$0.00	F	\$35.00	MFG, MRG (I) (11) (b)	SOAP notes support therapeutic activities were rendered as billed recommended reimbursement in the amount of \$35.00
01/06/03	97750-WP	\$270.00	\$0.00	F	\$43.00 (6 units) \$258.00	MFG, MGR (I)(11)(E)(2)	SOAP notes supports services as billed for function capacity evaluation; GR states FCE should be billed 97750-FC. TWCC and Importance of proper coding states accurate coding of service rendered is essential for proper reimbursement. Therefore no reimbursement recommended

DOS	CPT CODE	Billed	Paid	EOB Denial Code	MAR\$ (Maximum Allowable Reimbursement)	Reference	Rationale
01/10/03	97110	\$120.00	\$0.00	F	\$35.00 (3 units) \$105.00	MFG, MGR (I)(10)(a)	See rational below
	97530	\$40.00	\$0.00	F	\$35.00	MFG, MRG (I) (11) (b)	SOAP notes support therapeutic activities were rendered as billed recommended reimbursement in the amount of \$35.00
	99213	\$48.00	\$0.00	F	\$48.00	MFG, E/M MGR (VI)(B.)	SOAP notes support office visit was rendered as billed. Reimbursement recommended in the amount of \$48.00
01/13/03	99213	\$48.00	\$0.00	F	\$48.00	MFG, E/M MGR (VI)(B.)	SOAP notes support office visit was rendered as billed. Reimbursement recommended in the amount of \$48.00
	97110	\$120.00	\$0.00	F	\$35.00 (3 units) \$105.00	MFG, MGR (I)(10)(a)	See rational below
	97530	\$40.00	\$0.00	F	35.00	MFG, MRG (I) (11) (b)	SOAP notes support therapeutic activities were rendered as billed recommended reimbursement in the amount of \$35.00
01/15/03	97110	\$80.00	\$0.00	F	\$35.00 (2 units) \$70.00	MFG, MGR (I)(10)(a)	See rational below
	99213	\$48.00	\$0.00	F	\$48.00	MFG, E/M MGR (VI)(B.)	SOAP notes support office visit was rendered as billed. Reimbursement recommended in the amount of \$48.00
	97530	\$40.00	\$0.00	F	\$35.00	MFG, MRG (I) (11) (b)	SOAP notes support therapeutic activities were rendered as billed recommended reimbursement in the amount of \$35.00
01/17/03	97250	\$43.00	\$0.00	F	\$43.00	MFG, MGR (I)(11)(C)(3)	SOAP notes support myofascial release was performed as billed. Reimbursement recommended in the amount of \$43.00
	99213	\$48.00	\$0.00	F	\$48.00	MFG, E/M MGR (VI)(B.)	SOAP notes support office visit was rendered as billed. Reimbursement recommended in the amount of \$48.00
01/24/03	97110	\$120.00	\$0.00	F	\$35.00 (3 units) \$105.00	MFG, MGR (I)(10)(a)	See rational below
	97530	\$40.00	\$0.00	F	\$35.00	MFG, MRG (I) (11) (b)	SOAP notes support therapeutic activities were rendered as billed recommended reimbursement in the amount of \$35.00
	99213	\$48.00	\$0.00	F	\$48.00	MFG, E/M MGR (VI)(B.)	SOAP notes support office visit was rendered as billed. Reimbursement recommended in the amount of \$48.00

DOS	CPT CODE	Billed	Paid	EOB Denial Code	MAR\$ (Maximum Allowable Reimbursement)	Reference	Rationale
01/29/03	99213	\$48.00	\$0.00	F	\$48.00	MFG, E/M MGR (VI)(B.)	SOAP notes support office visit was rendered as billed. Reimbursement recommended in the amount of \$48.00
	97110	\$80.00	\$0.00	F	\$35.00(2 units) \$70.00	MFG, MGR (I)(10)(a)	See rational below
	97530	\$40.00	\$0.00	F	\$35.00	MFG, MRG (I) (11) (b)	SOAP notes support therapeutic activities were rendered as billed recommended reimbursement in the amount of \$35.00
01/31/03	97530	\$40.00	\$0.00	F	\$35.00	MFG, MRG (I) (11) (b)	Soap notes do not support services rendered as billed. Therefore no reimbursement recommended.
	97110	\$80.00	\$0.00	F	\$35.00 (2 units) \$70.00	MFG, MGR (I)(10)(a)	Soap notes do not support services rendered as billed. Therefore no reimbursement recommended.
02/05/03	97110	\$120.00	\$0.00	R	\$35.00 (3 units) \$105.00	MFG, MGR (I)(10)(a)	See rational below
	99213	\$48.00	\$0.00	R	\$48.00	MFG, E/M MGR (VI)(B.)	SOAP notes support office visit was rendered as billed. Reimbursement recommended in the amount of \$48.00
	97530	\$40.00	\$0.00	R	\$35.00	MFG, MRG (I) (11) (b)	SOAP notes support therapeutic activities were rendered as billed recommended reimbursement in the amount of \$35.00
02/10/03	97110	\$120.00	\$0.00	R	\$35.00 (3 units) \$105.00	MFG, MGR (I)(10)(a)	See rational below
	97530	\$40.00	\$0.00	R	\$35.00	MFG, MRG (I) (11) (b)	SOAP notes support therapeutic activities were rendered as billed recommended reimbursement in the amount of \$35.00
	99213	\$48.00	\$0.00	R	\$48.00	MFG, E/M MGR (VI)(B.)	SOAP notes support office visit was rendered as billed. Reimbursement recommended in the amount of \$48.00
02/14/03	97250	\$43.00	\$0.00	R	\$43.00	MFG, MGR (I)(11)(C)(3)	SOAP notes support myofascial release was performed as billed. Reimbursement recommended in the amount of \$43.00
	97110	\$120.00	\$0.00	R	\$35.00 (3 units) \$105.00	MFG, MGR (I)(10)(a)	See rational below
	99213	\$48.00	\$0.00	R	\$48.00	MFG, E/M MGR (VI)(B.)	SOAP notes support office visit was rendered as billed. Reimbursement recommended in the amount of \$48.00

DOS	CPT CODE	Billed	Paid	EOB Denial Code	MAR\$ (Maximum Allowable Reimbursement)	Reference	Rationale
	97530	\$40.00	\$0.00	R	\$35.00	MFG, MRG (I) (11) (b)	SOAP notes support therapeutic activities were rendered as billed recommended reimbursement in the amount of \$35.00
02/17/03	97110	\$160.00	\$0.00	R	\$35.00 (4 units) \$140.00	MFG, MGR (I)(10)(a)	See rational below
	97530	\$40.00	\$0.00	R	\$35.00	MFG, MRG (I) (11) (b)	SOAP notes support therapeutic activities were rendered as billed recommended reimbursement in the amount of \$35.00
	99213	\$48.00	\$0.00	R	\$48.00	MFG, E/M MGR (VI)(B.)	SOAP notes support office visit was rendered as billed. Reimbursement recommended in the amount of \$48.00
02/28/03	97250	\$43.00	\$0.00	R	\$43.00	MFG, MGR (I)(11)(C)(3)	SOAP notes support myofascial release was performed as billed. Reimbursement recommended in the amount of \$43.00
	99213	\$48.00	\$0.00	R	\$48.00	MFG, E/M MGR (VI)(B.)	SOAP notes support office visit was rendered as billed. Reimbursement recommended in the amount of \$48.00
	97110	\$120.00	\$0.00	R	\$35.00 (3 units) \$105.00	MFG, MGR (I)(10)(a)	See rational below
	97530	\$40.00	\$0.00	R	35.00	MFG, MRG (I) (11) (b)	SOAP notes support therapeutic activities were rendered as billed recommended reimbursement in the amount of \$35.00
03/07/03	97110	\$120.00	\$0.00	R	\$35.00 (3 units) \$105.00	MFG, MGR (I)(10)(a)	See rational below
	97530	\$40.00	\$0.00	R	\$35.00	MFG, MRG (I) (11) (b)	SOAP notes support therapeutic activities were rendered as billed recommended reimbursement in the amount of \$35.00
	99213	\$48.00	\$0.00	R	\$48.00	MFG, E/M MGR (VI)(B.)	SOAP notes support office visit was rendered as billed. Reimbursement recommended in the amount of \$48.00
03/11/03	97110	\$120.00	\$0.00	R	\$35.00 (3 units) \$105.00	MFG, MGR (I)(10)(a)	See rational below
	99213	\$48.00	\$0.00	R	\$48.00	MFG, E/M MGR (VI)(B.)	SOAP notes support office visit was rendered as billed. Reimbursement recommended in the amount of \$48.00
	97530	\$40.00	\$0.00	R	\$35.00	MFG, MRG (I) (11) (b)	SOAP notes support therapeutic activities were rendered as billed recommended reimbursement in the amount of \$35.00

DOS	CPT CODE	Billed	Paid	EOB Denial Code	MAR\$ (Maximum Allowable Reimbursement)	Reference	Rationale
03/27/03	97110	\$120.00	\$0.00	E	\$35.00 (3 units) \$105.00	MFG, MGR (I)(10)(a)	See rational below
	97530	\$40.00	\$0.00	E	\$35.00	MFG, MRG (I) (11) (b)	SOAP notes support therapeutic activities were rendered as billed recommended reimbursement in the amount of \$35.00
	99213	\$48.00	\$0.00	E	\$48.00	MFG, E/M MGR (VI)(B.)	SOAP notes support office visit was rendered as billed. Reimbursement recommended in the amount of \$48.00
04/09/03	97110	\$80.00	\$0.00	R	\$35.00 (2 units) \$70.00	MFG, MGR (I)(10)(a)	See rational below
	99213	\$48.00	\$0.00	R	48.00	MFG, E/M MGR (VI)(B.)	SOAP notes support office visit was rendered as billed. Reimbursement recommended in the amount of \$48.00
04/21/03	99213	\$48.00	\$0.00	R	\$48.00	MFG, E/M MGR (VI)(B.)	SOAP notes support office visit was rendered as billed. Reimbursement recommended in the amount of \$48.00
	97250	\$43.00	\$0.00	R	\$43.00	MFG, MGR (I)(11)(C)(3)	SOAP notes support myofascial release was performed as billed. Reimbursement recommended in the amount of \$43.00
	97110	\$80.00	\$0.00	R	\$35.00 (2 units) \$70.00	MFG, MGR (I)(10)(a)	See rational below
	97530	\$40.00	\$0.00	R	\$35.00	MFG, MRG (I) (11) (b)	SOAP notes support therapeutic activities were rendered as billed recommended reimbursement in the amount of \$35.00
05/14/03	97014	\$15.00	\$0.00	R	\$15.00	MFG, MGR (I)(10)(a)	Soap notes do not support services rendered as billed. Therefore no reimbursement recommended.
	97010	\$11.00	\$0.00	R	\$11.00	MFG, MGR (I)(10)(a)	Soap notes do not support services rendered as billed. Therefore no reimbursement recommended.
TOTAL		\$13,139.00					The requestor is entitled to reimbursement of \$5270.00

Recent review of disputes involving CPT Code 97110 by the Medical Dispute Resolution section as well as analysis from recent decisions of the State Office of Administrative Hearings indicate overall deficiencies in the adequacy of the documentation of this Code both with respect to the medical necessity of one-on-one therapy and documentation reflecting that these individual services were provided as billed. Moreover, the disputes indicate confusion regarding what constitutes "one-on-one." Therefore, consistent with the general obligation set forth in Section 413.016 of the Labor Code, the Medical Review Division has reviewed the matters in light all of the Commission

requirements for proper documentation. The MRD declines to order payment because: activities/procedures weren't identified, the duration of each activity was not documented, there is not a direct statement as to whether the physical therapist was conducting exclusively one-on-one sessions with the claimant, and the notes do not reflect the need for one-on-one supervision tapering off over time as the claimant becomes more familiar with the exercises, as would be expected.

This Decision is hereby issued this 7th day of October 2004.

Patricia Rodriguez
Medical Dispute Resolution Officer
Medical Review Division

ORDER.

Pursuant to §§402.042, 413.016, 413.031, and 413.019 of the Act, the Medical Review Division hereby ORDERS the respondent to pay for the unpaid medical fees in accordance with the fair and reasonable rate as set forth in Commission Rule 133.1(a)(8) plus all accrued interest due at the time of payment to the requestor within 20 days of receipt of this order. This Decision & Order is applicable for dates of service 09-20-02 through 04-21-03 in this dispute.

This Order is hereby issued this 7th day of October 2004

Roy Lewis, Supervisor
Medical Dispute Resolution
Medical Review Division

RL/pr

IRO Certificate #4599

NOTICE OF INDEPENDENT REVIEW DECISION

November 21, 2003

Re: IRO Case # M5-04-0085-01

Texas Worker's Compensation Commission:

___ has been certified as an independent review organization (IRO) and has been authorized to perform independent reviews of medical necessity for the Texas Worker's Compensation Commission (TWCC). Texas HB. 2600, Rule133.308 effective January 1, 2002, allows a claimant or provider who has received an adverse medical necessity determination from a carrier's internal process, to request an independent review by an IRO.

In accordance with the requirement that TWCC assign cases to certified IROs, TWCC assigned this case to ____ for an independent review. ____ has performed an independent review of the proposed care to determine if the adverse determination was appropriate. For that purpose, ____ received relevant medical records, any documents obtained from parties in making the adverse determination, and any other documents and/or written information submitted in support of the appeal.

The case was reviewed by a Doctor of Chiropractic, who is licensed by the State of Texas, and who has met the requirements for TWCC Approved Doctor List or has been approved as an exception to the Approved Doctor List. He or she has signed a certification statement attesting that no known conflicts of interest exist between him or her and any of the treating physicians or providers, or any of the physicians or providers who reviewed the case for a determination prior to referral to ____ for independent review. In addition, the certification statement further attests that the review was performed without bias for or against the carrier, medical provider, or any other party to this case.

The determination of the ____ reviewer who reviewed this case, based on the medical records provided, is as follows:

History

The patient injured his right wrist in ____ while frying chips. He soon presented for chiropractic treatment, and was diagnosed with carpal tunnel syndrome.

Requested Service(s)

Established Office Outpatient Visit 5/14/03-7/14/03

Decision

I agree with the carrier's decision to deny the requested treatment.

Rational

The patient received extensive chiropractic treatment, consisting of manipulation, physical therapy modalities and therapeutic exercises, without documented relief of symptoms or improved function. Physical performance tests done in January 2003 and August 2003 actually show a loss of right wrist ranges of motion in wrist flexion and ulnar deviation. The patient was placed at MMI on 1/6/03. An 8/8/03 peer review states that the patient had had over 70 chiropractic visits through 5/14/03, and treatment was continuing. The daily SOAP notes provided for this review are repetitive, lacking change in subjective complaints, objective findings and treatment protocol. The D.C.'s services exceeded medically accepted criteria for the severity of injury, intensity of services and appropriateness of care. It was not medically necessary to continue additional non-effective, failed conservative therapy past the MMI date of 1/6/03. The treating D.C. should have realized months prior to the dates in dispute that his treatment was unsuccessful and referred the patient to a hand specialist for evaluation and treatment. Based on the records provided,

the patient's ongoing and chronic care produced no measurable, objective or subjective improvement, and was not provided in the least intensive manner.

This medical necessity decision by an Independent Review Organization is deemed to be a Commission decision and order.
